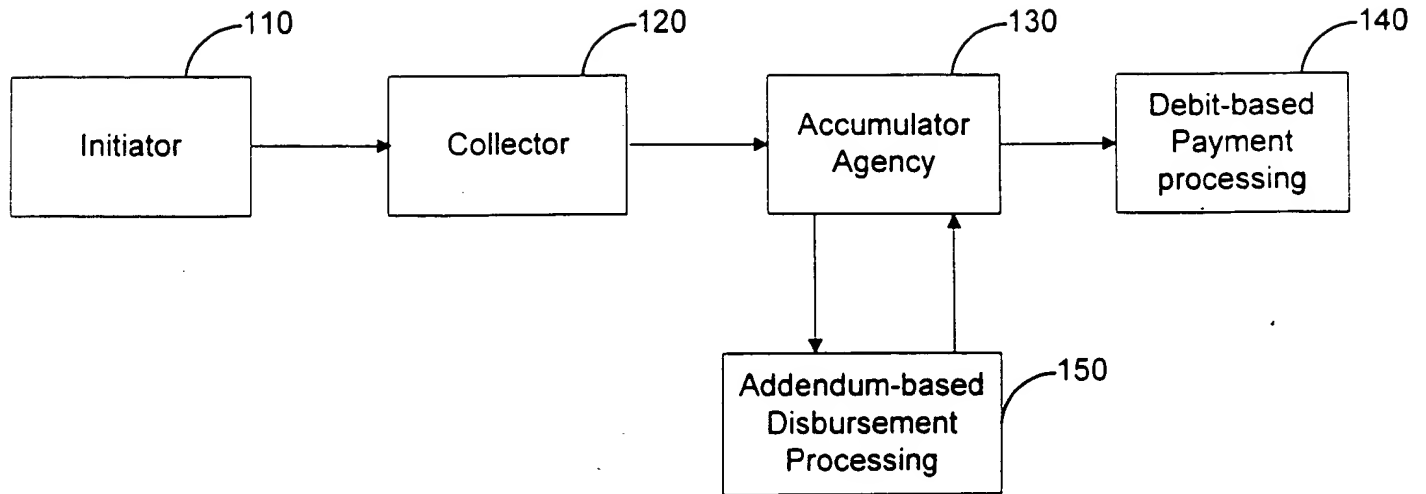


FIGURE 1

100



FOR TIT: THS/660

FIGURE 2

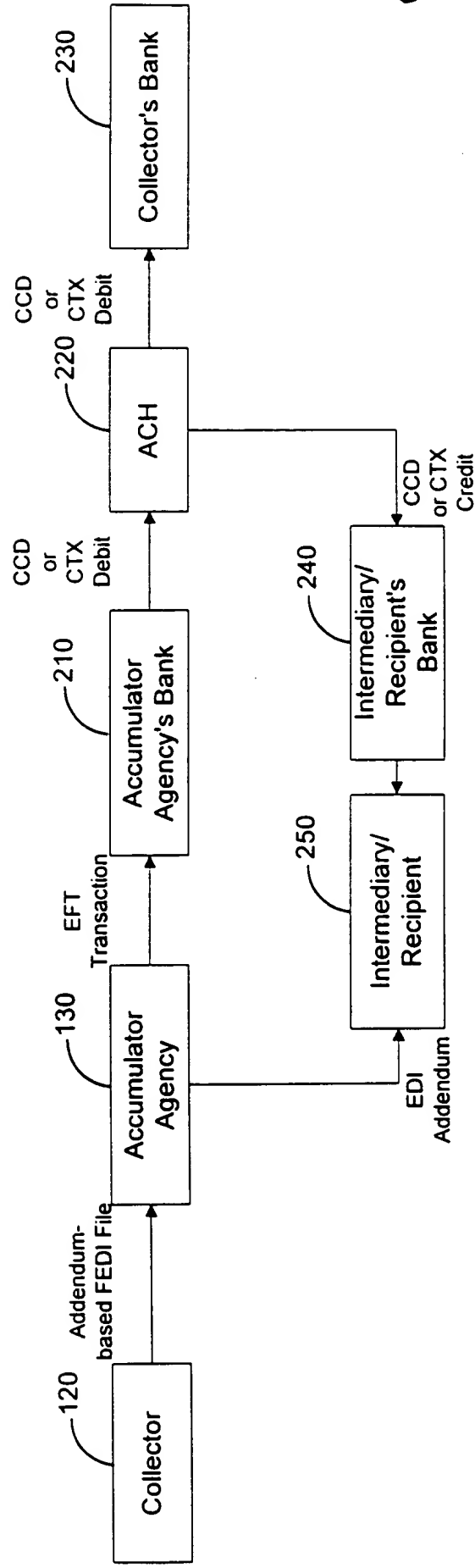


FIGURE 3

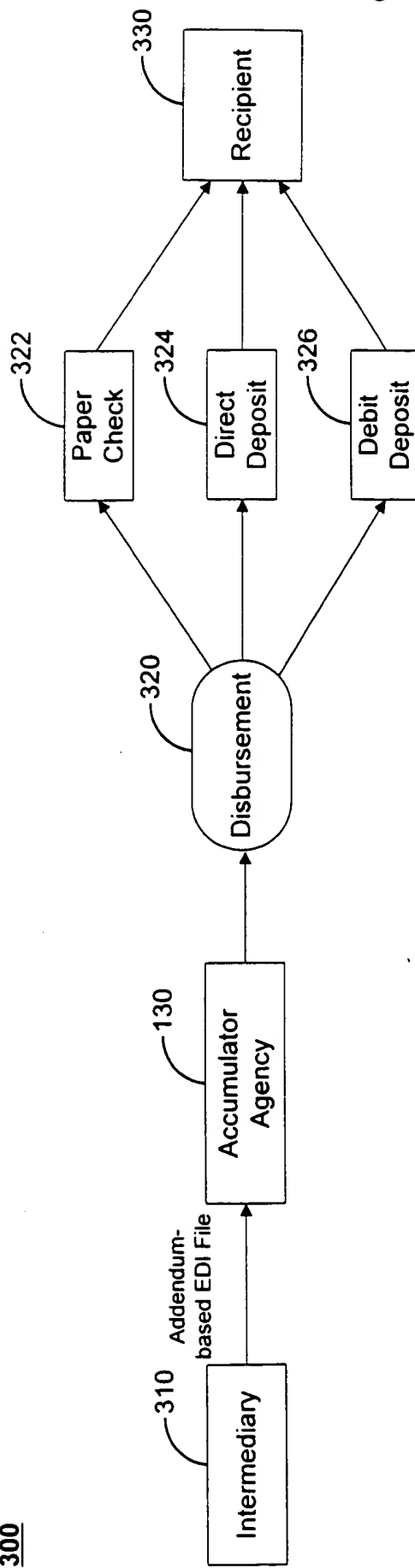


FIGURE 4

400

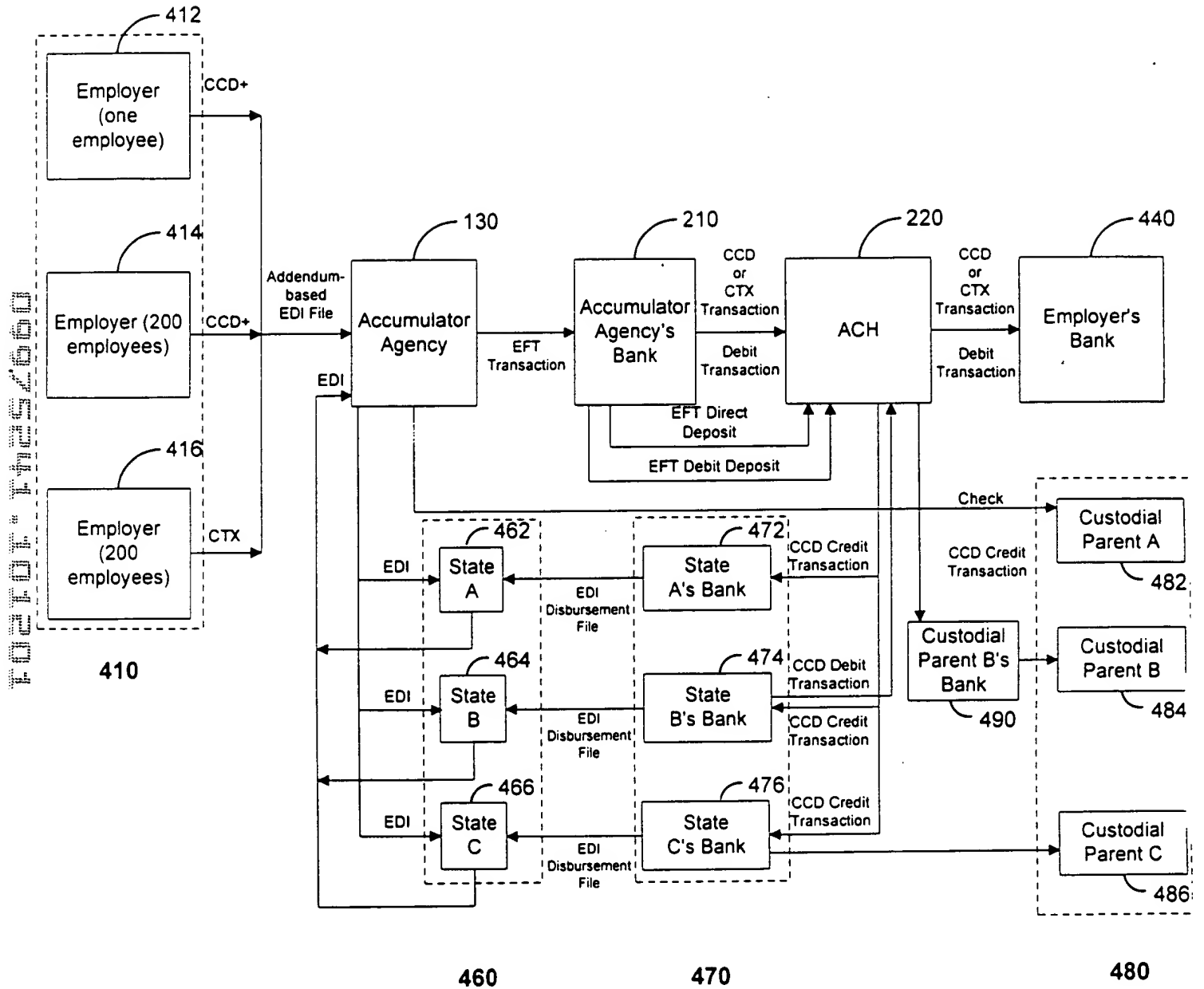


FIGURE 5

120

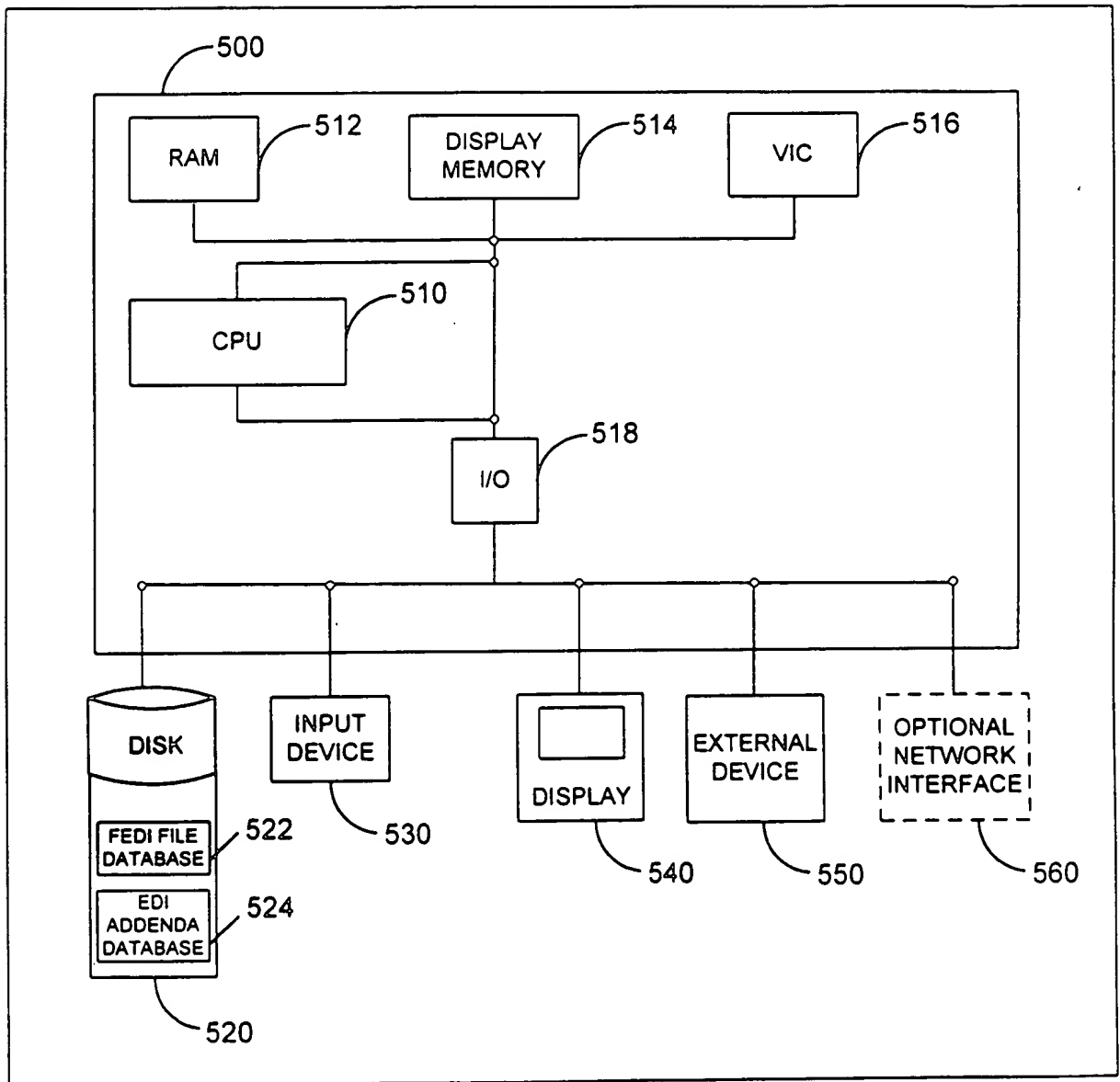


FIGURE 6

130

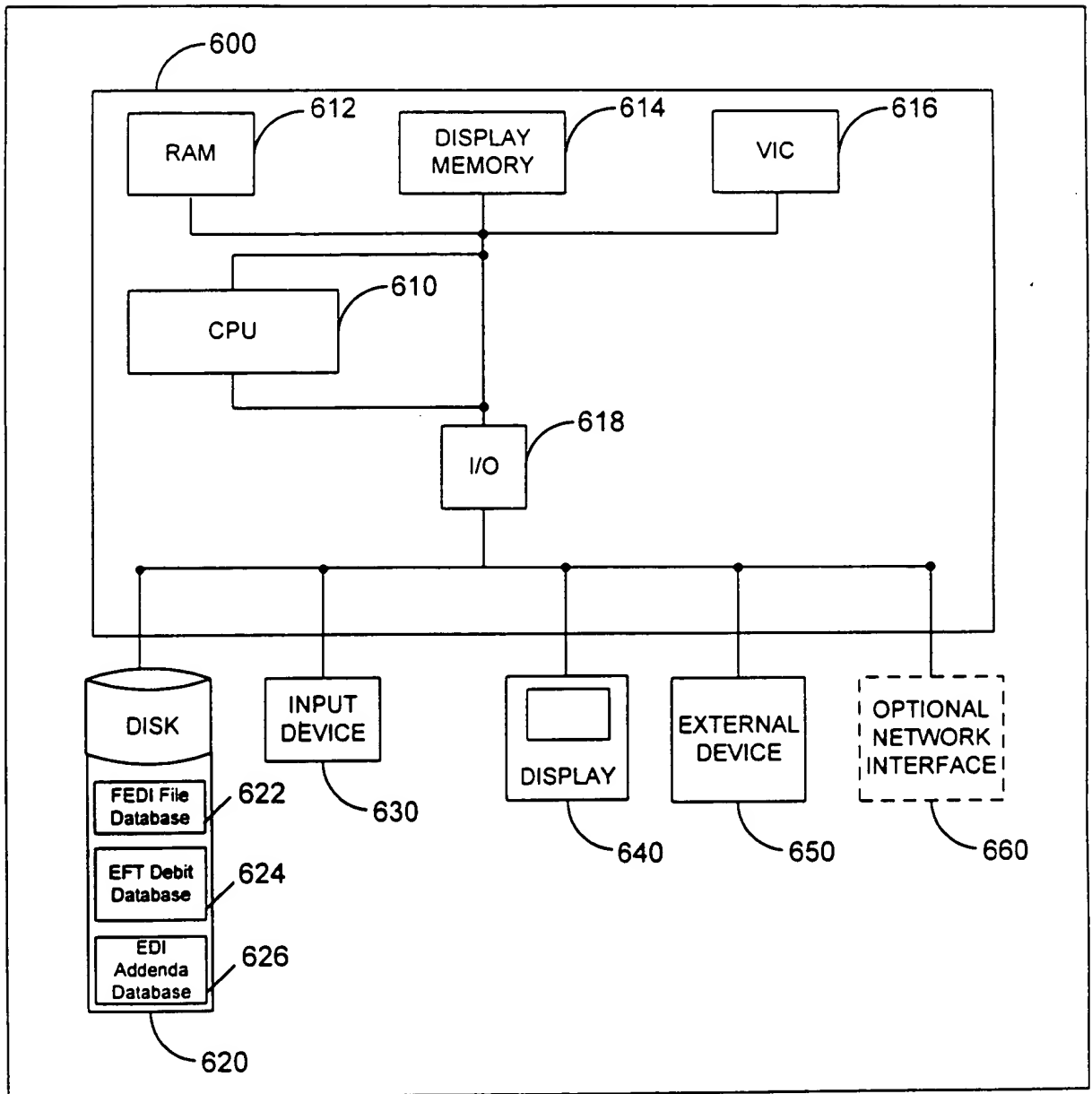


FIGURE 7

250

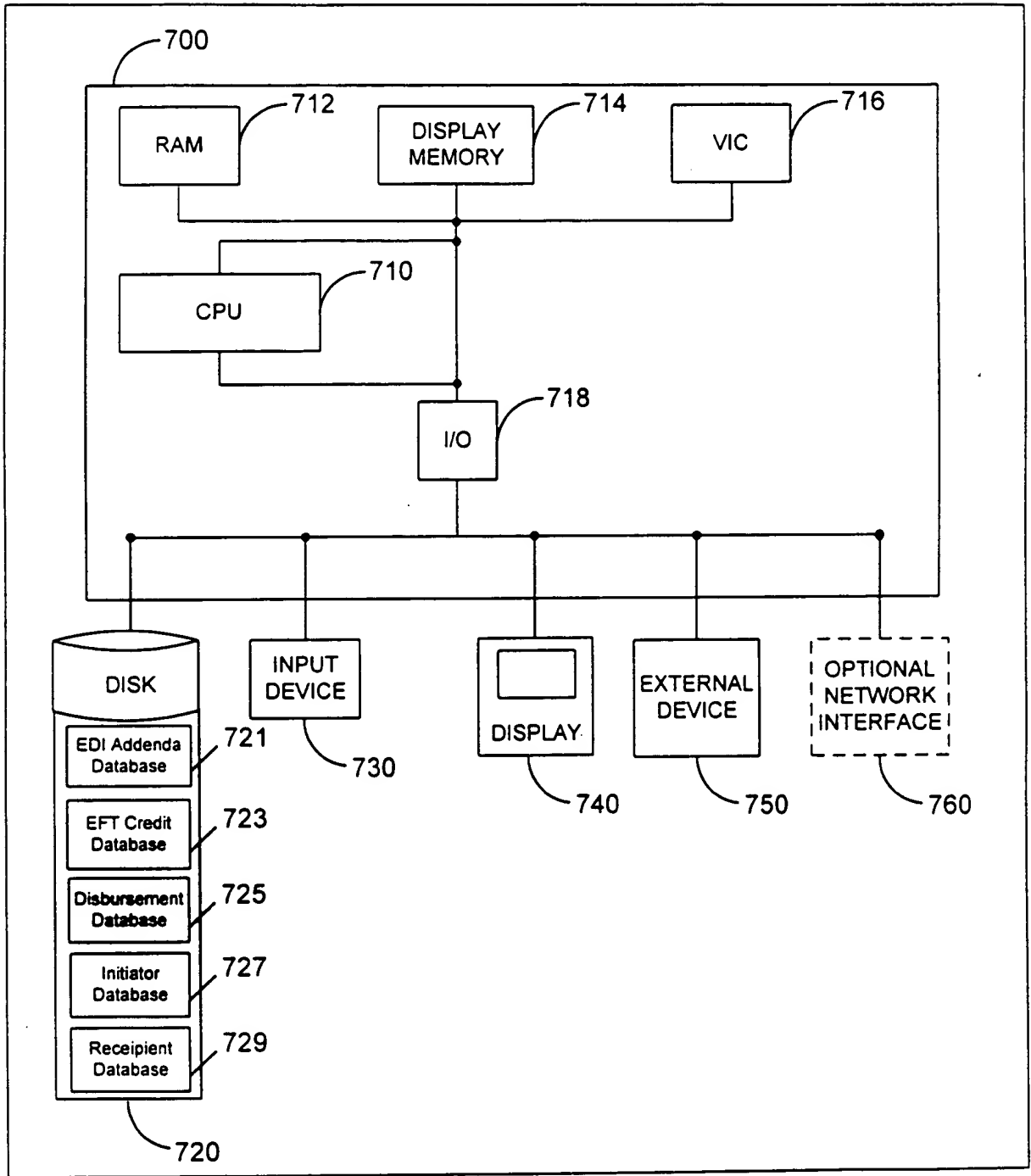


FIG. 7

FIGURE 8A

FIELD	1	2	3	4	5	6	7	8	9	10	11
DATA ELEMENT NAME	Record Type Code	Transaction Code	Receiving DFI Identification	Check Digit	DFI Account Number	Amount	Identification Number	Receiving Company Name	Disbursement Date	Adjusted Record Indicator	Trace Number
Field Inclusion Requirement	M	M	M	M	R	M	O	R	O	M	M
Contents	0		TTTTAAAA		Alphanumeric	9999999999	Alphanumeric	Alphanumeric	Alphanumeric	Numeric	Numeric
Length	1	2	8	1	17	10	15	22	2	1	15
Position	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-76	77-78	79-79	80-94

FIGURE 8B

FIELD	1	2	3	4	5	6	7	8	9	10	11	12	13
DATA ELEMENT NAME	Record Type Code	Transaction Code	Receiving DFI Identification	Check Digit	DFI Account Number	Total Amount	Identification Number	Number of Address Records	Receiving Company Name/ID Number	Reserved	Disbursement Date	Adjusted Record Indicator	Trace Number
Field Inclusion Requirement	M	M	M	M	R	M	O	R	R	N/A	O	M	M
Contents	0		TTTTAAAA		Alphanumeric	9999999999	Alphanumeric	Numeric	Alphanumeric	Code	Alphanumeric	Numeric	Numeric
Length	1	2	8	1	17	10	15	4	16	2	2	1	15
Position	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-58	59-74	75-76	77-78	79-79	80-94

FIGURE 9A

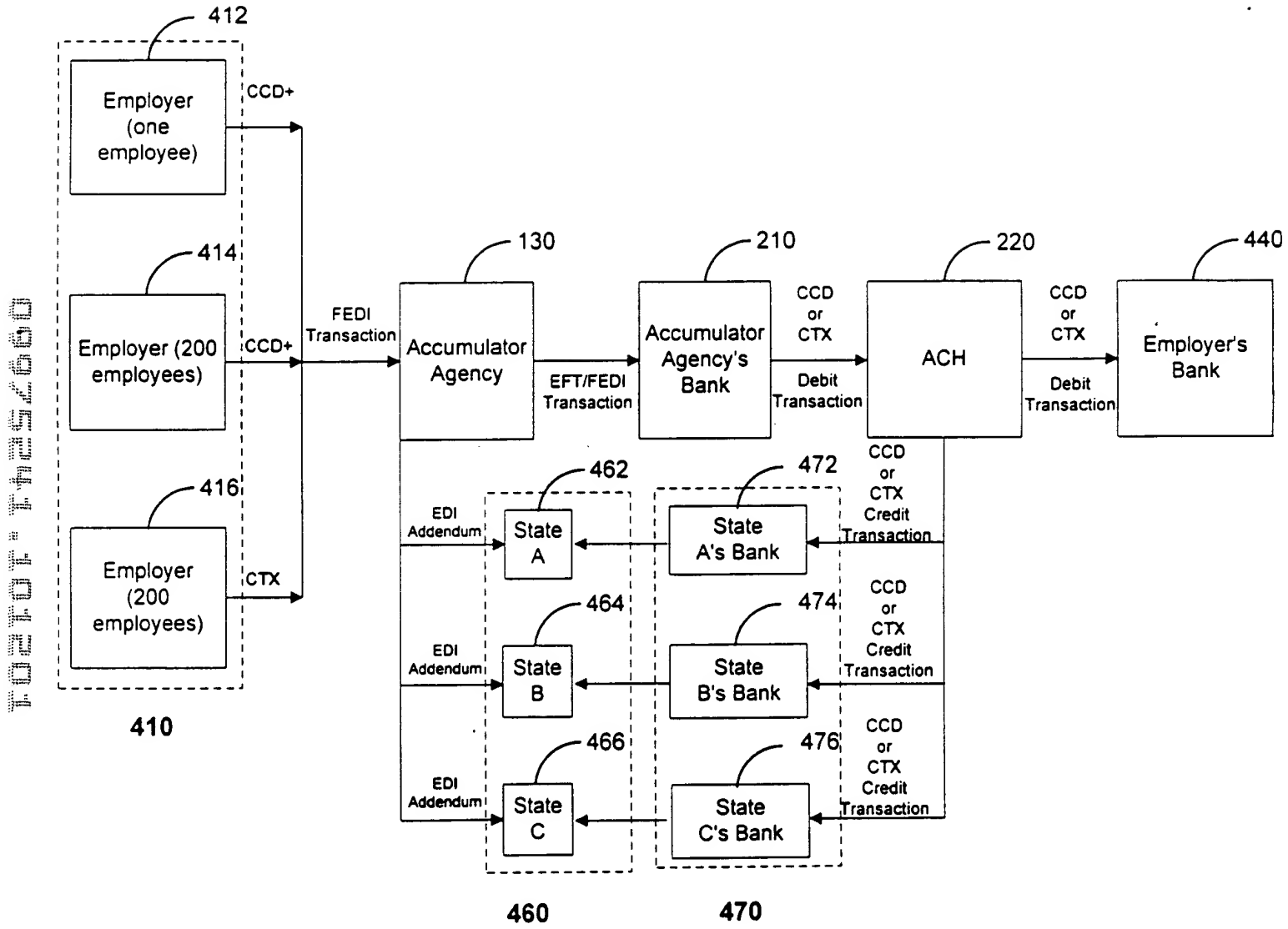
FIELD	1	2	3	4	5
DATA ELEMENT NAME	RECORD TYPE RECORDING	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
<i>Field Inclusion Requirement</i>	M	M	O	M	M
<i>Contents</i>	7	0 5	Alphanumeric	Numeric	Numeric
<i>Length</i>	1	2	80	4	7
<i>Position</i>	01-01	02-03	04-83	84-87	88-94

FIGURE 9B

Element	Comments	Content	Attributes		
			1	2	3
	Segment Identifier	DED	M	ID	3/3
DED01	Application Identifier	CS	M	ID	2/2
DED02	Case Identifier	XXXXXXXXXX	M	AN	1/20
DED03	Pay Date	YYMMDD	M	DT	6/6
DED04	Payment Amount	\$\$\$\$\$CC	M	N2	1/10
DED05	Non-Custodial Parent Social Security Number	XXXXXXXXXX	M	AN	9/9
DED06	Medical Support Indicator	'Y' - Yes, 'N' - No	M	AN	1/1
DED07	Non-Custodial Parent Name	XXXXXXXXXXXX	O	AN	1/10
DED08	FIPS Code	XXXXXX	O	AN	5/7
DED09	Employment Termination Indicator	'Y' - Yes	O	AN	1/1

FIGURE 10

1000



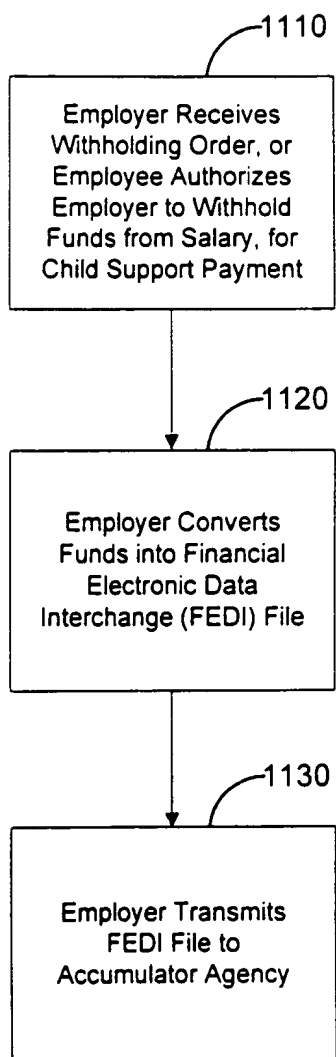
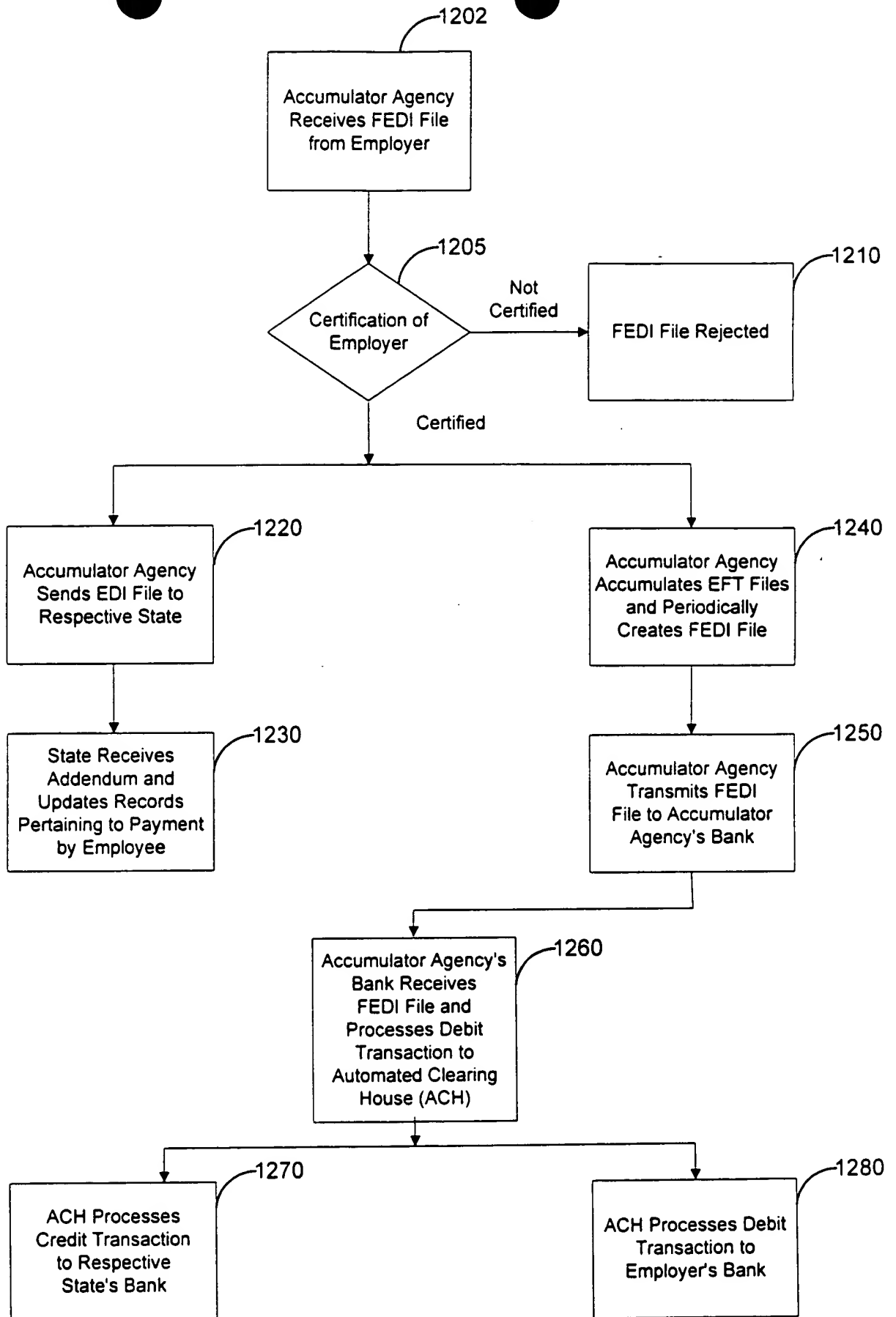


FIGURE 12



FOR THE 2000

FIGURE 13

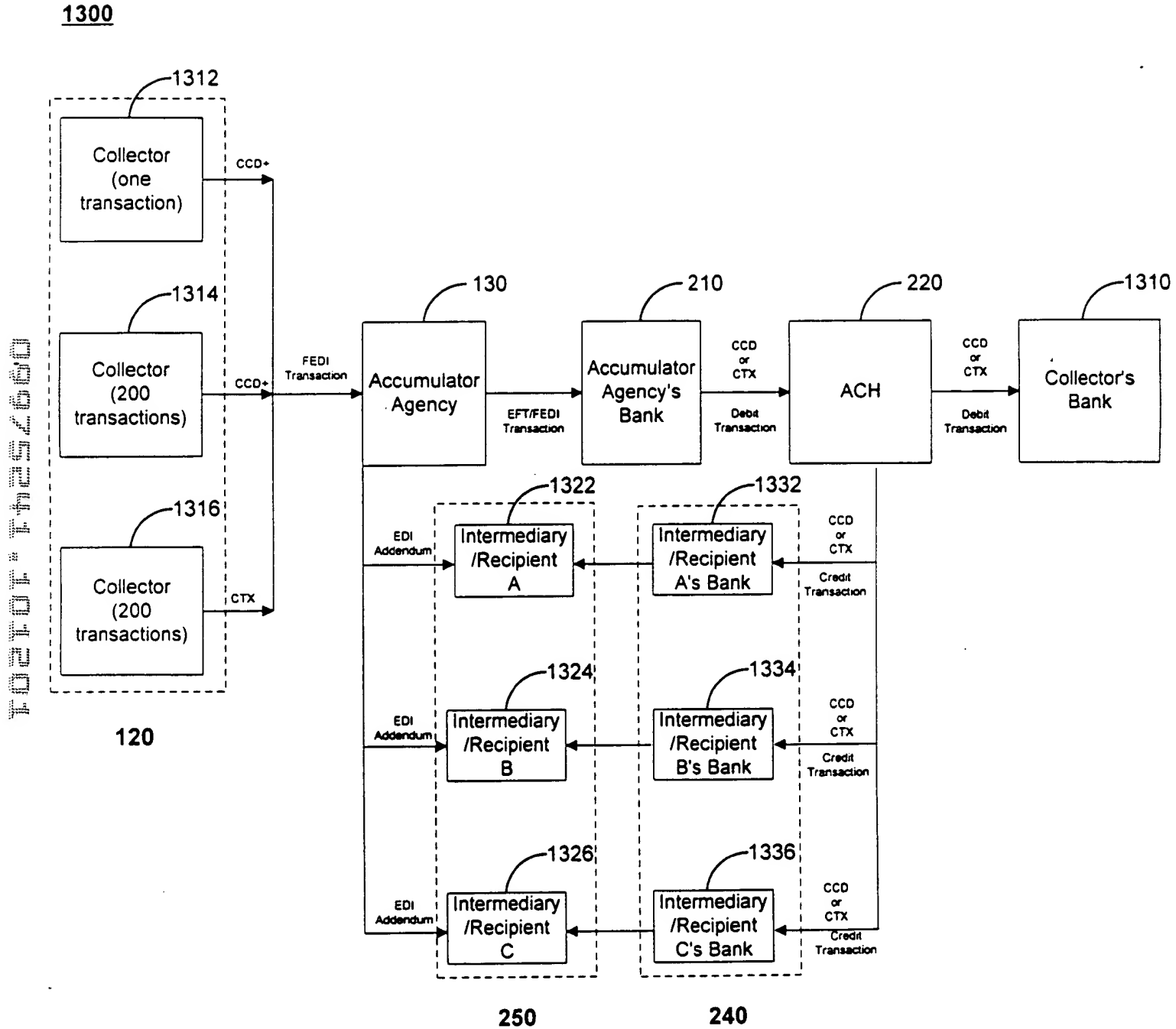
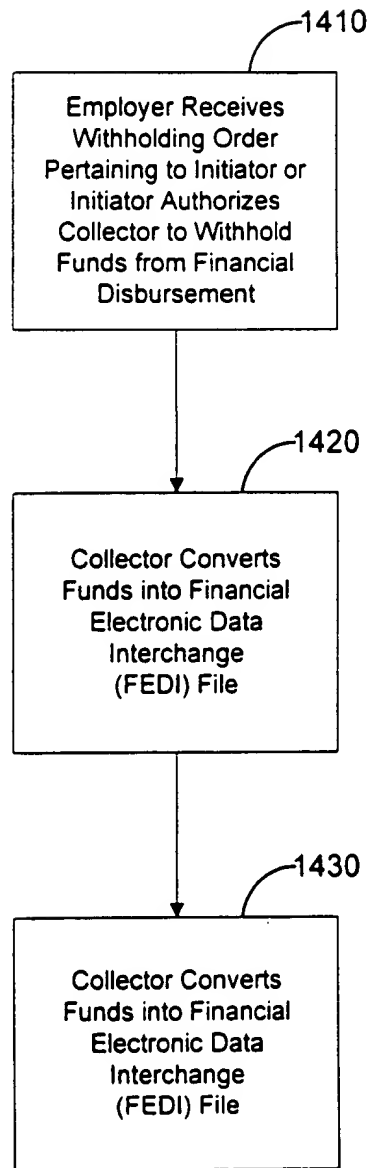
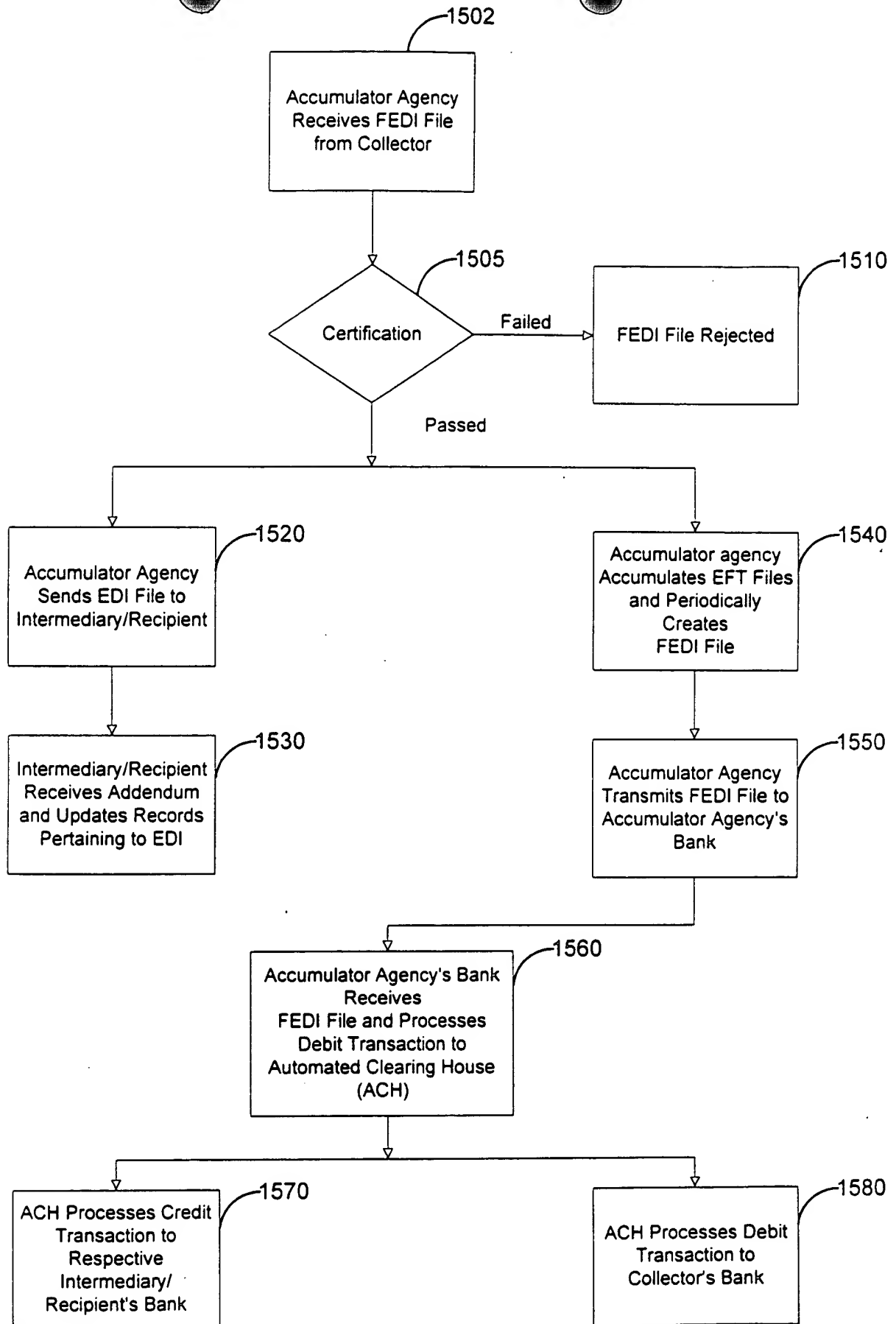


FIGURE 14



FOR THE 1099

FIGURE 15



FOOT-1252660

FIGURE 16

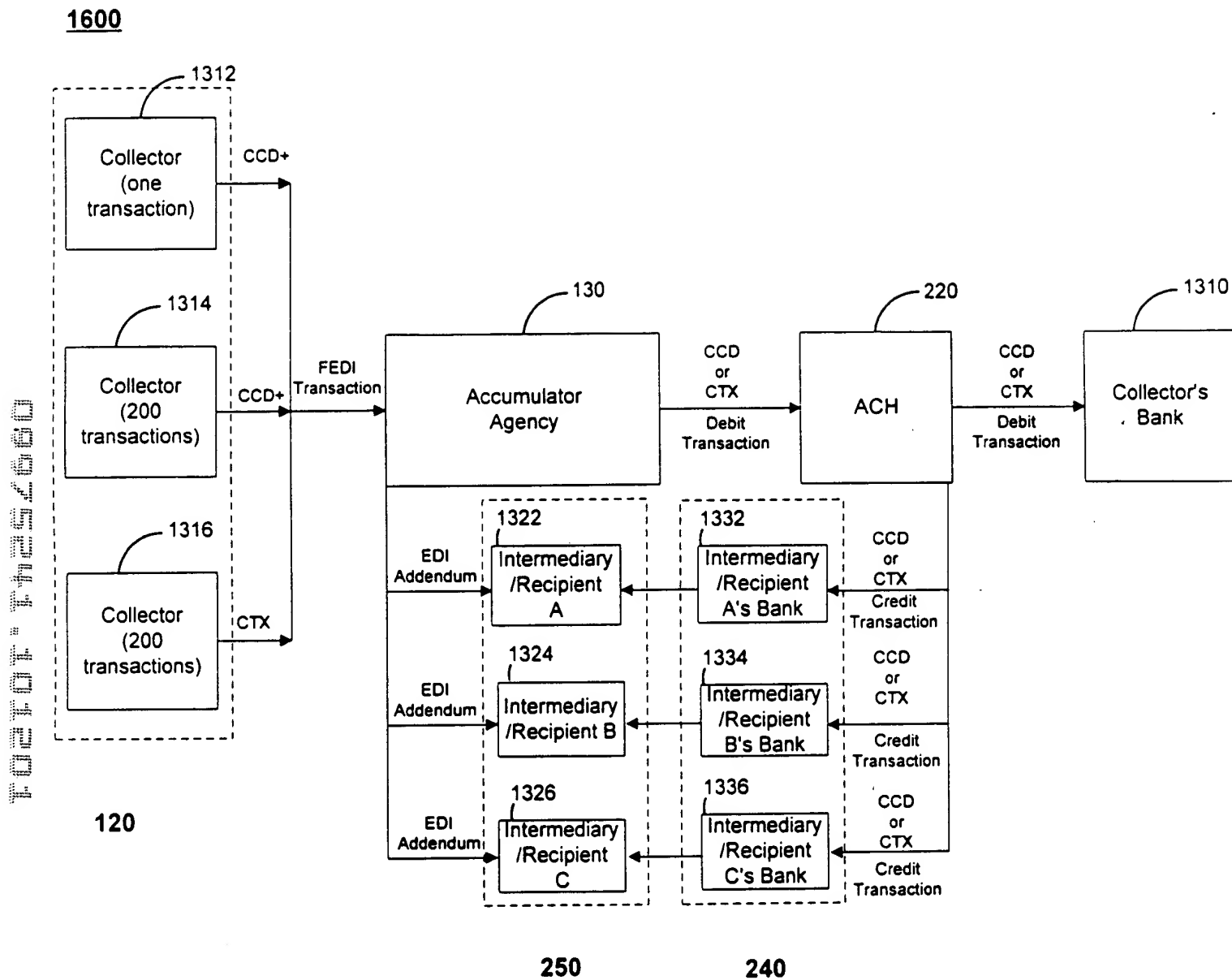


FIGURE 17

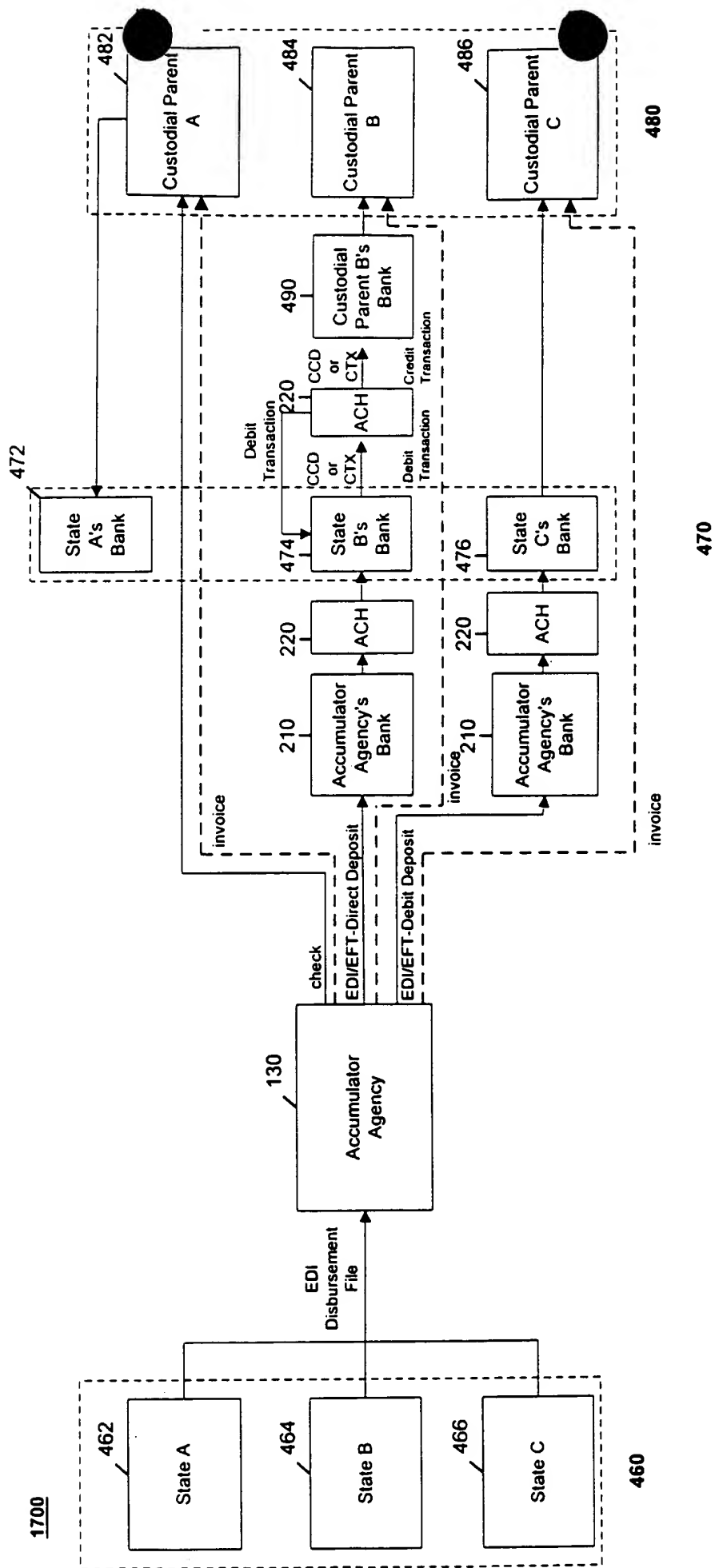
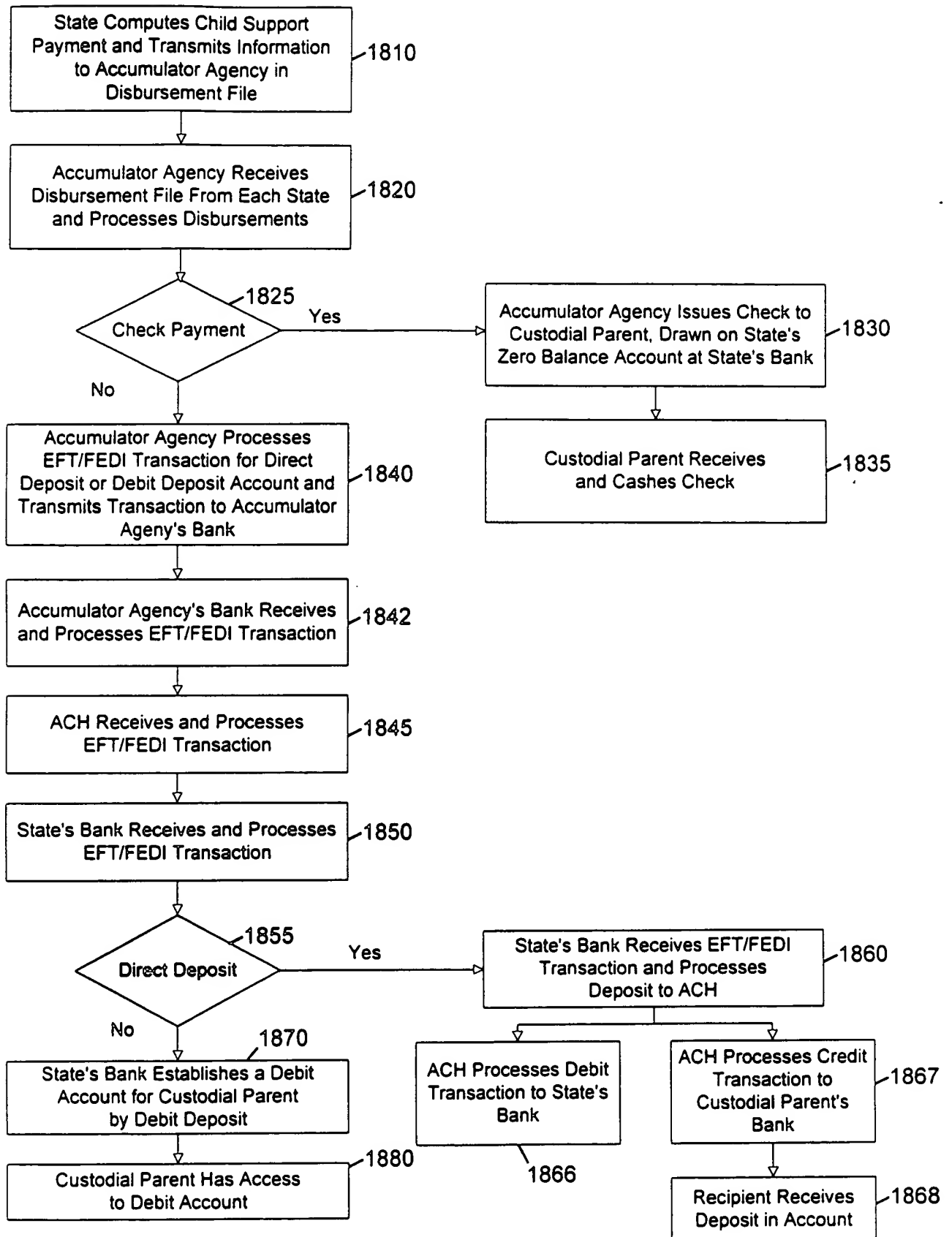


FIGURE 18



FOR FTS-100

FIGURE 19

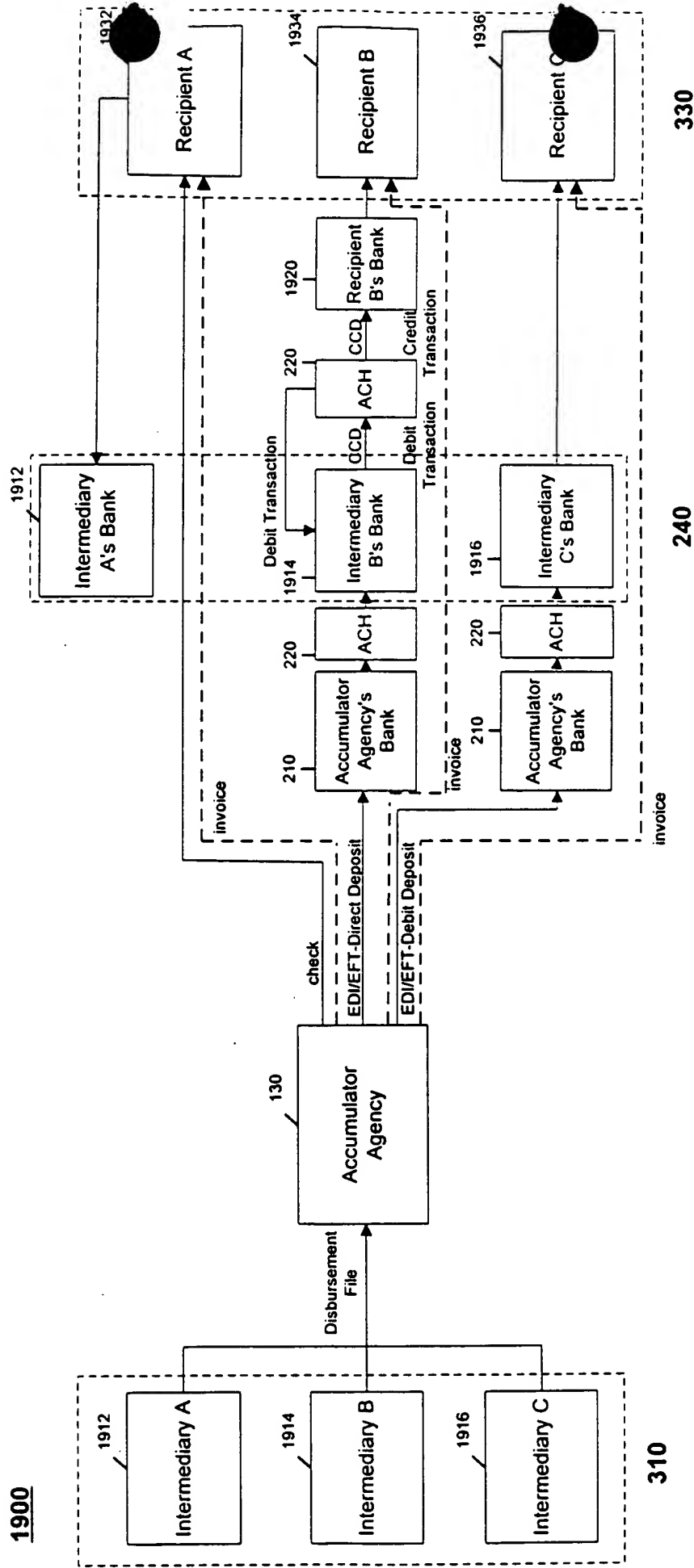
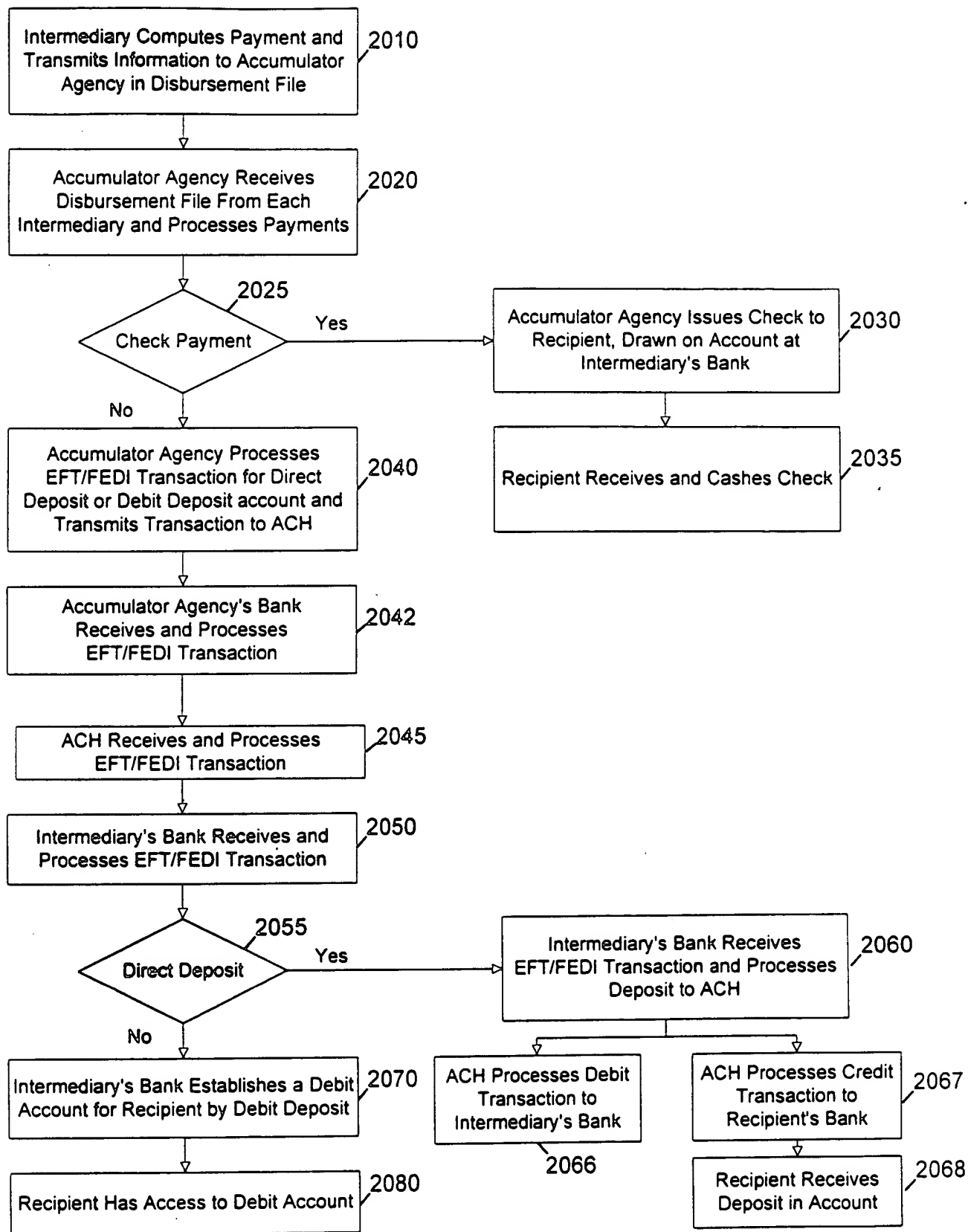


FIGURE 20



2010 2020 2025 2030 2035 2040 2042 2045 2050 2055 2060 2066 2067 2068 2070 2080

FIGURE 21

